

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUANCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

AUG 26 2004

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/02/2004

**WILLIAM T RIFKIN**  
**RUDNICK & WOLFE**  
**P O BOX 64807**  
**CHICAGO, IL 606640807**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Stephanie Warner-Wallace</b>	(Depositor's name)
<i>Stephanie Warner-Wallace</i>	(Signature)
<i>August 23, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/389,904	09/03/1999	PHILIP D. WRATCHFORD	P-5531	6016

TITLE OF INVENTION: PRINT HEAD INK TEMPERATURE CONTROL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DO, AN H	2853	347-017000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PIPER RUDNICK LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Videojet Systems International, Inc.

Wood Dale, IL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-2284 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Joel H. Bootzin/Reg. No. 42,343

(Date) *8/23/04*

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/27/2004 RMEBRAH1 00000010 09389904

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TRANSMIT THIS FORM WITH FEE(S)



Attorney Docket No. 265098-000013 (P5531)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Philip D. WRATCHFORD

Serial No.: 09/389,904

Filed: September 3, 1999

Art Unit: 2853

Examiner: An H. Do

Confirmation No.: 6016

For: PRINT HEAD INK TEMPERATURE  
CONTROL DEVICE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop Issue Fee, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 23, 2004  
Date

Stephanie Warner-Wallace

Name

Stephanie Warner-Wallace  
Signature

CUSTOMER NUMBER

28465

Attention:

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sir:

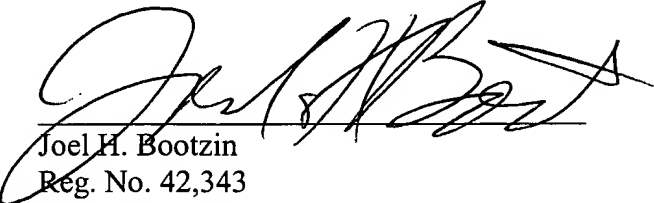
Enclosed herewith, for filing, are the following:

1. Issue Fee Transmittal;
2. A check in the amount of \$1,330.00 to cover the issue fee; and
3. A return postcard to acknowledge receipt of the above.

Attorney Docket No. 265098-000013 (P5531)

The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 18-2284. This letter is transmitted in duplicate.

Respectfully submitted,



Joel H. Bootzin  
Reg. No. 42,343  
Attorney for the Applicant

PIPER RUDNICK LLP  
P.O. Box 64807  
Chicago, Illinois 60664-0807  
(312) 368-4000